



Supplemental Application Data Sheet

Application Information

Application number::	<u>10/784,645</u>
Filing Date::	<u>02/23/04</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	3732
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	WEDGE PLATE INSERTER/IMPACTOR AND RELATED METHODS FOR USE IN IMPLANTING AN ARTIFICIAL INTERVERTEBRAL DISC
Attorney Docket Number::	<u>SPINE 3.0-437 CPCPCPCPCPCPCP-II</u> <u>CON SPINE 3.0-437 CPCPCPCPCPCPCP</u> <u>II CON I</u>
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	4
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Joseph
Middle Name::	P.

Family Name:: Errico
City of Residence:: Green Brook
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 29 Deer Path Circle
City of mailing address:: Green Brook
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 08812

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name:: W.
Family Name:: Dudasik
City of Residence:: Nutley
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 29 Daily Street
City of mailing address:: Nutley
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 07110

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Rafail
Family Name:: Zubok
City of Residence:: Midland Park
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 222 Spruce Street

City of mailing address:: Midland Park

State or Province of mailing address:: NJ

Postal or Zip Code of mailing address:: 07432

Correspondence Information

Correspondence Customer Number:: 00530

Representative Information

Representative Customer Number:: 51640

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/425,267	04/29/03
10/425,267	Continuation-in-part of	10/282,356	10/29/02
10/282,356	Continuation-in-part of	10/256,160	09/26/02
10/256,160	Continuation-in-part of	10/175,417	06/19/02
10/175,417	Continuation-in-part of	10/151,280	05/20/02
10/151,280	Continuation-in-part of	10/140,153	05/07/02
10/151,280	Continuation-in-part of	09/970,479	10/04/01
10/140,153	Continuation-in-part of	10/128,619	04/23/02
10/140,153	Continuation-in-part of	09/970,479	10/04/01
10/128,619	Continuation-in-part of	09/906,119	07/16/01
10/128,619	Continuation-in-part of	09/982,148	10/18/01
09/970,479	Continuation-in-part of	09/968,045 09/968,046	10/01/01
09/968,045	Continuation-in-part of	09/789,936	2/15/01

Foreign Priority Information

Assignee Information

Assignee name:: SpineCore, Inc.
Street of mailing address:: 475 Springfield Ave
4th Floor
City of mailing address:: Summit
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 07901